Washington State - Integrated Community Mental Health Program

Section E. Fraud and Abuse

States can promote the prevention, detection, and reporting of fraud and abuse in managed care by ensuring both the State and the MCOs/PHPs have certain provisions in place.

Previous Waiver Period
a. During the last waiver period, the program's fraud and abuse requirements operated differently than described in the waiver governing that period The differences were:
b. x [Required for all elements checked in the previous waiver submittal] Please provide summary results from all fraud and abuse monitoring activities, including a summary of any analysis and corrective action taken, for the previous waiver period [items E.I-II of 1999 initial preprint; relevant sections of 1995 preprint].
The State auditor monitors for fraud and abuse. These reports have been submitted to CMS over the course of the waiver. There have been no findings.
Upcoming Waiver Period — Please check all items below which apply, and describe any other measures the State takes. For all items in this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "**") after your response.
I. State Mechanisms
ax The State has systems to avoid duplicate payments (e.g., denial of claims for services which are the responsibility of the MCO/PHP, by the State's claims processing system).
b The State has a system for reporting costs for non-capitation payments made in addition to capitation payments (e.g., where State offered reinsurance or a stop/loss limit results in FFS costs for enrollees exceeding specified limits)
cx The State has in place a formal plan for preventing, detecting, pursuing, and reporting fraud and abuse in the managed care program in this waiver, which identifies the staff, systems, and other resources devoted to this effort. Please attach the fraud and abuse plan.
The state auditor monitors for fraud and abuse in the RSNs.

against fraud and abuse including:

• Have administrative and management procedures in place that are designed to guard

In addition, the Contract requires the contractor to:

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- A mandatory compliance plan;
- Written policies, procedures, and standards of conduct that articulates the Contractor's commitment to comply with all applicable federal and state standards;
- Designation of a compliance officer or a compliance committee that is accountable to the Governing Body;
- Effective training and education for the compliance officer and the Contractor's providers;
- Effective lines of communication between the compliance officer and the Contractor's network of providers;
- Enforcement of standards through well-publicized disciplinary guidelines;
- · Provision of internal monitoring and auditing;
- Provision for prompt response to detected offenses and for development of corrective action initiatives;
- Participation by the Contractor and subcontractors in Medicaid fraud and abuse training conducted by the Washington State Attorney General's Medicaid Fraud Unit.
- Report fraud and/or abuse information of the Contractor or subcontractor to MHD as soon as it is discovered or suspected, including the consumer name/ID number if applicable, the source of the complaint, type of provider, nature of fraud or abuse complaint, approximate dollars involved, and the legal and administrative disposition of the case.

	uirements under this waiver. If so, please describe.
	equirement in our contract with the RSN that they attend training by the Attorney fedicaid Fraud and Control Unit.
e	Other (please describe):

II. MCO/PHP Fraud Provisions

a. <u>x</u>	The State requires MCOs/PHPs to have an internal plan for preventing,
	ting, and pursuing fraud and abuse. Please describe any required fraud and
abuse	e plan elements.
See al	pove
b x	The State requires MCOs/PHPs to report suspected fraud and cooperate
with S	State (including Medicaid Fraud Control Unit) investigations.